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LETTERS TO THE EDITOR

(The editor is not responsible for opinions expressed in this department.)

WIDER INFORMATION NEEDED OF STATE BOARD REQUIREMENTS

DEAR EDITOR: The opinion on state registration given by the Iowa nurse (in the July JOURNAL) is certainly ideal. To publish a notice in the daily and weekly papers would also be of advantage to the people employing nurses. I hope we may have more opinions on this subject in the JOURNAL. I shall be looking for the State Association to publish a notice at its earliest convenience. R. N.

Nebraska.

HOW CAN AN ASSOCIATION RAISE MONEY?

DEAR EDITOR: Can any of the readers of the JOURNAL suggest anything new or novel in the way of entertainment by which an association can make some money? Is there any play written that would be appropriate for nurses to give who have some talent in that direction? L. B.

Iowa.

MATERNAL IMPRESSIONS

DEAR EDITOR: I was much impressed recently by the history given by a mother who brought her ten-year-old son to New York City for an examination from an orthopedic standpoint. He was affected with torticollis of the left side; congenital. Aside from this, however, there was an absence of the ring finger on the left hand, although the hand was perfect otherwise, and of the same size as the other hand. The history the mother gave was as follows: During the third or fourth month of pregnancy, there was a fire in the Orphan Asylum of the town in which she lived, and she ran to the scene of the fire to help save the children. She succeeded in passing twelve children on to safety, but the last one was very badly burned about the hand, so much so that one finger dropped off in the snow as she hurried away with it. She said that this preyed on her mind during the rest of pregnancy, and when the child was born, this finger was absent, and a perfect finger was shown on the left side of the face. This had been removed by a surgeon during infancy, but a scar still remained.

This was interesting to me, because, I have been given to understand by obstetricians that the theory of "birth-marks" is an exploded one. M. B.

New York.

[A nurse who has been given careful training in obstetrics will have learned that the foetus is fully formed at the end of eight weeks, and will help to dissipate the idea of maternal impressions rather than to encourage them.—Ed.]

BOUND JOURNALS ON HAND

DEAR EDITOR: I have on hand, with the exception of April, 1913, a complete file of the JOURNAL, the first five volumes being handsomely bound in green leather. I have come to no decision as to where to place them and would rather make a bon-

fire of the lot than to send them where they would not be appreciated or carefully handled. I should be glad to hear from some one who is looking for a file for a library or a training school.

A. R.

Massachusetts.

[Letters intended for this writer may be sent in care of the editorial office of the JOURNAL, Rochester, N. Y.—Ed.]

"AN UNUSUAL CASE"

DEAR EDITOR: The August number of the JOURNAL contains an account of an "unusual case" by J. R. S., which appears not at all unusual, but a typical case of hysteria, as we so frequently see it. I have in mind a recent case in our hospital.

The patient, a young girl of sixteen, was sent to us from a Rescue Home about four weeks after delivery, and during my absence on a vacation. When my senior nurse, upon my return, reported the case with a respiration, at times, of 80 to 100, "hysteria" flashed through my mind, but was driven out by the seemingly alarming symptoms. The patient would complain of severe pain in side, in region of gall bladder and appendix, of cramps in limbs, of severe stomach trouble, etc. The case puzzled three of our best doctors, as no surgical conditions could be found. Morphine gr. $\frac{1}{4}$ was ordered, p.r.n., and we noticed that as soon as it was given the patient would become apparently free from pain. This was reported to the doctor in charge. One afternoon she developed a pain and cramp in the neck, cried and screamed, could not turn over, became "unconscious," etc. Respiration at this time was 80. During this attack the doctor came in, and at once recognized hysteria. He told me to give no more morphine, but to give aspirin, gr. v, with suggestion, which I did, and the patient *immediately* became free from pain, sat up in bed and visited with the other patients in the ward. The next "attack" she had I gave calomel gr. $\frac{1}{10}$, with suggestion, with immediate results. Then the doctors told her she was well and could get up and dress, which she did, and in a few days returned to the Home.

Since that time she has had a few attacks, which the matron of the Home handled as we had done. She reports that they are becoming less frequent, and believes they will soon cease.

SUPERINTENDENT.

Oklahoma.

SPECIAL NURSING IN HOSPITALS

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DEAR EDITOR: I always look forward to reading the JOURNAL and am just now in from a case, so tired physically and mentally, that it is almost with fierce joy that I recognize an interest taken in graduate special nurses.

I am a graduate from a leading Los Angeles hospital, and I prefer hospital nursing, but too great attention cannot be given to the arrangements made for and given to "specials" called in for private duty. A few weeks ago I was called on a case for an operation and asked to report at 10 A.M., Monday. The patient arrived at 11, and the rest of the day was spent in "making her comfortable," in surgical preparations, and in easing a highly nervous temperament. A more bilious patient I never saw. Because of close bookings, her operation was set for 7 A.M. and the night was disturbed for her by attacks of vomiting and distress from purging. The necessary preparation for the operation—flushings, douches, catheterization, etc., had to be begun at 4 A.M., and the nurse almost needed attention